



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

SETON SOUTHWEST HOSPITAL

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-15-1109-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

December 10, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "This letter is supplemental to Part V of the attached form DWC-60, and will serve as SSWH (Seton Southwest Hospital)'s "Requestor's Rationale for Increased Reimbursement or Refund." This dispute originated with TEXAS MUTUAL (hereinafter Carrier) denial of the above referenced claim based upon the assertion that the Claimant's presenting concerns did not constitute timely filing. Regarding this matter SSWH (Seton Southwest Hospital) (hereinafter Requestor) would show the following:

The Requestor provided services to [INJURED WORKER] (hereinafter Claimant) on the date of. 11/2/2012

The charges incurred in the course of the Claimant's treatment totaled \$7,749.75.

Per SSWH (Seton Southwest Hospital) BCBS was billed as primary on 11.8.2012. THE BCBS UB IS ATTACHED SHOWING IT WAS BILLED PRIMARY.

Unfortunately, because of an internal complication in the billing process, and unable to obtain the correct insurance from patient the facility was unable to bill within the allowed timeframe; however, please note: as the medical report shows, the procedures were medically necessary; therefore, the hospital has a right to expect reimbursement. WORKERS COMP INFORMATION WAS NOT EVEN OBTAINED UNTIL 7.2.2013, AND WAS BILLED ON 7.9.2013.

These charges were billed to and subsequently denied by the TEXAS MUTUAL. It was the Carrier's contention that "TIME LIMIT FOR FILING HAS EXPIRED."

The Requestor appealed the Carrier's determination in the Request for Reconsideration on date. Applicable mailing records indicate that it was received by TEXAS MUTUAL on the date of 10.12.14

Following this Request for Reconsideration, the TEXAS MUTUAL maintained its original determination. "THE TIME LIMIT FOR FILING HAS EXPIRED."

**Amount in Dispute:** \$1,007.07

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** Insurance carrier responded to the DWC-60, however a position statement was not provided.

**Response Submitted by:** Texas Mutual Insurance Company

## **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 2, 2012	Outpatient Hospital Services	\$1,007.07	\$0.00

## **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:  
CAC-29 – THE TIME LIMIT FOR FILING HAS EXPIRED  
731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95<sup>TH</sup> DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05  
CAC-W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL  
CAC-18 – EXACT DUPLICATE CLAIM/SERVICE  
350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804. THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL  
878 – APPEAL (REQUEST FOR RECONSIDERATION) PREVIOUSLY PROCESSED. REFER TO RULE 133.250(H)

### **Issue**

7. Did the requestor waive the right to medical fee dispute resolution?
8. Is the timely filing deadline applicable to the medical bills for the services in dispute?
9. Did the requestor forfeit the right to reimbursement for the services in dispute?

### **Findings**

10. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is November 2, 2012. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on December 10, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.
11. 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
12. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal

holiday.” Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services

**Conclusion**

13. For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

**Authorized Signature**

_____	_____	<u>3/13/15</u>
Signature	Medical Fee Dispute Resolution Officer	Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**